United Nations E/ICEF/2002/P/L.5

Economic and Social Council

Distr.: Limited
18 December 2001

Original: English

For information

United Nations Children's Fund
Executive Board
First regular session 2002
21-25 January 2002
Item 4 of the provisional agenda*

Country note**

Guinea-Bissau

Summary

The Executive Director presents the country note for Guinea-Bissau for a programme of cooperation for the period 2003 to 2007.

The situation of children and women

1. Guinea-Bissau has a population of about 1.2 million inhabitants and is classified as one of the world's poorest countries. With a per capita income of $160 in 1999, the human development index places it at 169 out of 174 countries. The external debt amounted to $788.7 million in 1999, four times the gross domestic product. The Government lacks the required resources to invest in human development. The end-decade review shows that most of the 1990 World Summit for Children goals have not been achieved. The armed conflicts that occurred in 1998 and 1999 have seriously affected the country, destroying the already modest infrastructures in place. Many health facilities, including the national hospital, the central vaccination and drugs warehouses, the national laboratory and the epidemiological services, were damaged and looted. Hence, health services were practically paralysed. Between 1996 and 1999, the percentage of births attended by trained health personnel dropped from 31 to 18 per cent, and the proportion of one-

* E/ICEF/2002/7.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.

01-70550 (E) 281201

year-olds fully immunized decreased from 30 to 15 per cent. In 1999, the number of meningitis cases rose to 2,860, with a case fatality rate of 15 per cent.

2. The multiple indicator cluster survey (MICS) conducted in 2000 proved to be the most important survey in the country since the 1991 census. It updated information on key social indicators and provided useful tools for development planning, including the formulation of the Poverty Reduction Strategy Paper (PRSP). The MICS offered the opportunity of a truly joint effort of the Government, United Nations agencies and the World Bank. In spite of the turmoil the country experienced between 1994 and 2000, infant and under-five mortality dropped from 142 and 239 per 1,000 live births to 124 and 203 per 1,000, respectively. This positive trend is due mainly to the improved case management of malaria and diarrhoeal dehydration, the main child killer diseases. As a result of past efforts, 67 per cent of children under five years old now sleep under a bednet and 11 per cent under an impregnated bednet. However, other diseases, including acute respiratory infections, measles and malnutrition, continue to take their toll on children under five years old. Among these children, 25 per cent are under weight and 30.4 per cent are stunted. Only 1.7 per cent of households have adequately iodized salt. About 42 per cent of children under four months of age are breastfed exclusively.

3. During the period 1995-1999, the prevalence of HIV-1 among hospitalized patients increased from 4 to 14 per cent, while HIV-1 and 2 combined increased from 3 to 6 per cent. The risk factors include the deterioration of values, delinquency, poverty and prostitution. The lack of diagnostic equipment, treatment and counselling services further compounded the situation. Only 12 per cent women of child-bearing age know all three of the main ways to prevent HIV transmission. Maternal mortality is most likely underestimated at 349 per 100,000 live births. Social and cultural factors such as early marriages and female genital mutilation (FGM) are risk factors, particularly in the regions of Gabu and Bafata. About 60 per cent of the population have access to safe drinking water and 63 per cent live in households with sanitary means of excreta disposal.

4. Many school infrastructures were destroyed, including the National Institute for the Development of Education and teacher-training schools. Over 500 classrooms and 2,000 desks were destroyed or stolen. The number of children in the first four grades of elementary basic education has decreased from 99,337 in 1997-1998 to 53,084 in 1998-1999. Gender disparities in education cut across all regions; 42.4 per cent of children of primary school age are enrolled (45.9 per cent for boys and 38.9 per cent for girls). Only 36.6 per cent of the population over 15 years of age are literate (52.6 per cent for males and 23.8 per cent for females). Among children aged 36-59 months, 6.5 per cent are attending a formal early childhood education programme. About 58 per cent of children under five years old are not registered at birth. Limited access to education, the school drop-out rate and the lack of opportunities for employment create very difficult conditions for youth.

5. About 5 per cent of children aged 5-14 years engage in paid work, and about twice as many participate in unpaid work. The number of child soldiers who have yet to be demobilized is estimated at 603. The issue of trafficking of children is becoming a concern. The Convention on the Rights of Child was ratified in 1990, but the initial report was only submitted to the Committee on the Rights of the Child in 2000.

Lessons learned from past cooperation

6. Despite a post-conflict context, synchronized National Immunization Days under the "Health Initiative for Peace" conducted in the neighbouring countries have yielded high coverage, with 7 per cent of polio zero doses among vaccinated children. These encouraging results are due to the effective mobilization of decision makers, journalist networks, religious leaders, the private sector and communities. Evaluation of the expanded programme on immunization revealed that the performance of routine vaccination services would have been better if the Government had designed a more systemized planning process. Conditions are now favourable to reactivate salt iodization. A recent study revealed significant potential in the area of production and sale of iodized salt, the machines for production are in place, the capacity of producers (all women) has been strengthened, and there is an increasing political commitment. In light of the war experience, the education system proved to be an ideal channel to experiment with and inculcate values of tolerance, peace and respect of human rights.

7. The 2000 mid-term review (MTR) pointed out the need to give increased attention to youth development, HIV/AIDS and malaria. More attention needs to be given to services that address child protection concerns, including birth registration. A nationwide birth registration campaign revealed factors related to non-registration in addition to those revealed by the MICS such as cost, distance or lack of knowledge. These include the belief that a newborn cannot be registered until the family feels that the infant will survive, as well as cultural practices that delay the registration of a child until after ritual naming ceremonies have taken place. The MTR also underlined that UNICEF interventions need to be targeted more realistically in light of the institutional and financial situation of the Government, with an increased emphasis on partnerships with regional entities.

Proposed country programme strategy

8. The 2003-2007 country programme strategy has been developed from a life cycle and rights-based situation assessment and analysis of Guinea-Bissau children and women which complements the Common Country Assessment. The programme is articulated around the PRSP prepared by the Government in the context of the implementation of the enhanced Highly Indebted Poor Countries Initiative. The development of the programme involved all partners. The five organizational priorities of the UNICEF medium-term strategic plan for the period 2002-2005 have been discussed in depth with partners through task forces. The Government endorsed these priorities during the strategy meeting coordinated by the State Secretary of Planning.

9. The programme builds on close links with large initiatives, particularly those of the World Bank and the African Development Bank through the National Health Development Plan and the Project of Support to Basic Education. It also builds on extensive collaboration with other United Nations agencies within the United Nations Development Assistance Framework based on a joint mapping of interventions, particularly among the United Nations Population Fund, the United Nations Development Programme and UNICEF, whose programme cycles are harmonized. Alliances will be established and strengthened with traditional

authorities, communities, non-governmental organizations (NGOs) and civil society organizations.

10. The programme builds on a two-pronged approach which seeks to: (a) contribute to meet the urgent needs for building and strengthening institutional frameworks and knowledge towards the respect, protection and fulfilment of children's and women's rights; and (b) provide a rapid response to emergencies. The primary objectives are to contribute to: (a) reducing infant and under-five mortality rates by 15 per cent, and the maternal mortality ratio by 10 per cent; (b) ensuring access to quality schooling for girls in particular; and (c) ensuring preparedness for and an adequate response to emergencies.

11. The programme will pursue and consolidate current interventions for the rehabilitation of basic social services, and progressively pave the way for a longer-term social development process. The basic strategies will include capacity-building of key central and regional partners in programme planning and implementation; social and political mobilization for child rights; service delivery; extended partnerships; and advocacy. While the programme has a national coverage for some projects, three regions with weak social indicators will benefit from all interventions. This aims at increasing programme impact in these regions through support to decentralized and synchronized actions. Four interrelated programmes will be developed: protection and participation; primary health care (PHC); basic education; and social policy and communication for development. Each programme will incorporate an emergency component.

12. The **protection and participation** programme will focus on the realization of child rights by contributing to the creation and development of legal frameworks and mechanisms to ensure the protection of children and adolescents. Birth registration campaigns will be pursued. Women's and youth associations, community organizations and NGOs, as well as traditional and religious leaders, will be involved in the process of building institutional capacity for the better protection of children and adolescents. Basic information and services will be provided to adolescents in areas such as disease prevention and particularly HIV/AIDS awareness and control, reproductive health and prevention of drug abuse. The intervention capacity of stakeholders will be strengthened in order to address the issues of child and adolescent victims of trafficking and harmful practices such as FGM and early marriage. Support will be provided for the demobilization and social reintegration of child soldiers. Communities will receive training and sensitization on emergencies and conflict management.

13. The **PHC** programme will focus on the reinforcement and revitalization of the PHC system as a crucial pre-condition for any intervention aimed at offering a minimum package of quality services. This, along with the opportunities offered by the polio eradication campaign, will create a favourable environment to ensure sustained immunization services, vitamin A supplementation and malaria control, with an emphasis on the use of impregnated bednets. Priority interventions will include: HIV/AIDS prevention, control and care; the control of iodine deficiency disorders through the universal use of iodized salt; breastfeeding promotion; and the rehabilitation and construction of wells and low-cost sanitation facilities, focusing on schools, communities and health centres. As part of emergency preparedness, specific initial stocks of drugs and basic equipment will be positioned to ensure first aid.

14. The **basic education** programme will contribute to ensure that school-age children, and girls in particular, have access to and attend school regularly and benefit from new approaches and methodologies. Children's and women rights will be mainstreamed, and concepts of education for peace and girl-friendly schools will be disseminated. Community initiatives will be promoted to ensure functional schools equipped with latrines facilities and water points. Students will be empowered with life skills, particularly for protection against HIV/AIDS. Schools will be prepared for a quick response to emergencies. Functional female literacy will be promoted as an approach to increase girls' attendance. This programme will serve as a catalyst in the nationwide promotion of the early childhood development concept. Support will be provided to selected community-based centres — *Djemberems* — which involve nurses, teachers and shopkeepers.

15. The **social policy and communication for development** programme will support other programmes and contribute towards capacity-building of national bodies through training and expertise in the development of social policies for the preparation and execution of the PRSP. Advocacy will be pursued at the level of senior authorities for the effective implementation of social policies of direct benefit to children. Planning processes will be enhanced, including emergency preparedness and adequate response. Alliances will be built with NGOs, journalists, community-based organizations, traditional leaders and stakeholders at all levels. Implementation of each programme will be supported through advocacy, social mobilization, media visibility and fund-raising activities. The development and effective implementation of the Integrated Monitoring and Evaluation Plan and the Integrated Communication Plan will enhance programme performance.

16. **Cross-sectoral costs** will support human resources and operational costs related to the five programme activities.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Protection and participation	750	4 000	4 750
Primary health care	1 300	9 000	10 300
Basic education	1 008	4 000	5 008
Social policy and communication for development	770	1 000	1 770
Cross-sectoral costs	1 296	-	1 296
Total	**5 124**	**18 000**	**23 124**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.